

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known)

Chapter

7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Stratford University, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 54-1038413

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

2900 Eisenhower Ave., Fl. 2
Alexandria, VA 22314

Number, Street, City, State & ZIP Code

Alexandria City

County

Stratford University
P.O. Box 1713
Stafford, VA 22554

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.stratford.edu

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Stratford University, Inc.**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6113**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Stratford University, Inc.** Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
☒ Funds will be available for distribution to unsecured creditors.
☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
☐ 50-99 ☐ 5001-10,000 ☒ 50,001-100,000
☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
☐ 200-999

15. Estimated Assets ☐ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
☒ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

16. Estimated liabilities ☐ \$0 - \$50,000 ☒ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion

Debtor	Stratford University, Inc.	Case number (if known)	
Name			
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Stratford University, Inc.** Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 27, 2023**
MM / DD / YYYY

X /s/ Richard Shurtz, II
Signature of authorized representative of debtor

Title **President**

Richard Shurtz, II
Printed name

18. Signature of attorney

X /s/ Bradley D. Jones
Signature of attorney for debtor

Date **January 27, 2023**
MM / DD / YYYY

Bradley D. Jones
Printed name

Odin, Feldman & Pittleman, P.C.
Firm name

1775 Wiehle Avenue
Reston, VA 20190
Number, Street, City, State & ZIP Code

Contact phone **(703) 218-2100** Email address _____

85095 VA
Bar number and State

Fill in this information to identify the case:

Debtor name Stratford University, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 27, 2023

X /s/ Richard Shurtz, II

Signature of individual signing on behalf of debtor

Richard Shurtz, II

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Stratford University, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **696,241.72**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **696,241.72**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **158,295.00**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **8,410,677.57**

4. Total liabilities
Lines 2 + 3a + 3b

\$ **8,568,972.57**

Fill in this information to identify the case:Debtor name Stratford University, Inc.United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****\$1.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking3871\$70,647.973.2. EagleBankChecking2699\$4,664.013.3. Eagle BankMD Bond Account\$400,000.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$475,312.98**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Debtor **Stratford University, Inc.** Case number (If known) _____
Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less: 72,296.00 - 36,148.00 = \$36,148.00
face amount doubtful or uncollect ble accounts

11b. Over 90 days old: 1,501,189.00 - 1,501,189.00 = \$0.00
face amount doubtful or uncollect ble accounts

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$36,148.00

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1	Name of fund or stock:		
15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture	Name of entity: % of ownership		
	Stratford University		
	Stratford University Language Institute, LLC		
	Stratford University Foundation, Inc.		
15.1. Modi ATI Joint Venture	100	%	Unknown

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1
Describe:

17. Total of Part 4.

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				

Debtor Stratford University, Inc. Case number (if known) _____
Name

22. Other inventory or supplies
Toner, paper, office
supplies, graduation
regalia & supplies \$10,000.00 Comparable sale \$10,000.00

23. Total of Part 5. \$10,000.00
Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?
☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?
☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Per fixed asset schedule - See Exhibit A	\$25,219.96		\$25,219.96
Office equipment, kitchen, medical for teaching per fixed asset schedule. See Exhibit A	\$149,560.78		\$149,560.78

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software Computer equipment Unknown

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7. \$174,780.74
Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?
☐ No

Debtor **Stratford University, Inc.** Case number (If known) _____
Name

☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

☒ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55.1. Leased building @
2900 Eisenhower
Avenue Alexandria,
VA 22314

Unknown

55.2. Leased building
@14349 Gideon Dr.
Woodbridge, VA
22192

Unknown

55.3. Leased building
@210 S. Central Ave
Baltimore, MD 21202
Judgment for
possession entered
prepetition.

Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9? Lease improvements only

☐ No

☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor Stratford University, Inc. Case number (if known) _____
Name

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			\$0.00
61. Internet domain names and websites www.stratford.edu			Unknown
62. Licenses, franchises, and royalties			Unknown
63. Customer lists, mailing lists, or other compilations -- Student List			Unknown
64. Other intangibles, or intellectual property			Unknown
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Stratford University, Inc. Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$475,312.98	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$36,148.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$10,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$174,780.74	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$696,241.72	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$696,241.72

Case number (if known)

page 1 of 2

Debtor **Stratford University, Inc.** Case number (if known) _____
Name

Date debt was incurred

6/26/2020

Last 4 digits of account number

2354

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$158,295.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Stratford University, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address 1500AM Federal News Radio 3400 Idaho Ave NW Washington, DC 20016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,200.00
3.2	Nonpriority creditor's name and mailing address Access Info Holdings, LLC 6818 Patterson Pass Road Suite A Livermore, CA 94550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,583.82
3.3	Nonpriority creditor's name and mailing address Advanced Elevator Inspections 5101 Branchville Rd College Park, MD 20740 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.4	Nonpriority creditor's name and mailing address Advantix 9355 John W. Elliott Dr., #25 Frisco, TX 75033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Stratford University, Inc. Name _____	Case number (if known) _____
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3.5	Nonpriority creditor's name and mailing address Albert Uster Co 9211 Gaither Rd Gaithersburg, MD 20877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$887.17
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3.6	Nonpriority creditor's name and mailing address Alexandria Chamber of Commerce 2834 Duke Street Alexandria, VA 22314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$999.00
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3.7	Nonpriority creditor's name and mailing address All Students & Employees, which are listed on the Exhibit of Creditors Receiving Alternate Service, incorporated by reference herein.	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.8	Nonpriority creditor's name and mailing address American Library Assoc. P.O. BOX 77-6499 Chicago, IL 60678 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.00
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3.9	Nonpriority creditor's name and mailing address Ana Rodriguez & All Others Sit c/o Nicholas A. Migliaccio Esq 412 H Street N.E., Suite 302 Washington, DC 20002 Date(s) debt was incurred ____ Last 4 digits of account number <u>NWEF</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pending Class Action Suit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.10	Nonpriority creditor's name and mailing address Assessment Technologies Inst. 62277 Collections Center Dr. Leawood, KS 66211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249,455.59
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3.11	Nonpriority creditor's name and mailing address Avanced Elevator Inspections P.O. BOX 86 Upper Falls, MD 21156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
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Debtor	Stratford University, Inc. <small>Name</small>		Case number (if known)
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3.12	Nonpriority creditor's name and mailing address Baltimore Gas & Electric P.O. Box 1475 Baltimore, MD 21203 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,801.82
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3.13	Nonpriority creditor's name and mailing address Berk's Pest Control 1851 Cape May Rd Essex, MD 21221 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
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3.14	Nonpriority creditor's name and mailing address BFPE International Inc. P.O. BOX 791045 Baltimore, MD 21279 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,568.42
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3.15	Nonpriority creditor's name and mailing address Buckhead Meat & Seafood Mid-At 1920 Stanford Court Hyattsville, MD 20785 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,286.60
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3.16	Nonpriority creditor's name and mailing address Cigna 900 Cottage Grove Road Bloomfield, CT 06002 Date(s) debt was incurred <u>1-1-2022</u> Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.17	Nonpriority creditor's name and mailing address Cintas Corp. P.O. BOX 631025 Cincinnati, OH 45263 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.07
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3.18	Nonpriority creditor's name and mailing address Cintas First Aid & Safety P.O. BOX 631025 Cincinnati, OH 45263 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$355.43
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Debtor	Stratford University, Inc. Name	Case number (if known) _____
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3.19	Nonpriority creditor's name and mailing address City of Alexandria/Fin. Dept. 301 King Street Alexandria, VA 22314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$405.00
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3.20	Nonpriority creditor's name and mailing address City of Baltimore P.O. BOX 17119 Baltimore, MD 21297 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,116.29
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3.21	Nonpriority creditor's name and mailing address Clarke & Sampson Insurance 5101 Branchville Rd Suite200 Alexandria, VA 22314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,710.69
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3.22	Nonpriority creditor's name and mailing address Coastal Sunbelt Produce 9001 Whiskey Bottom Rd Laurel, MD 20723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,627.00
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3.23	Nonpriority creditor's name and mailing address Comm. on English Prog. Accred. 1001 N. Fairfax Street Suite 630 Alexandria, VA 22314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,850.00
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3.24	Nonpriority creditor's name and mailing address Confre'Rie De La Chaine Des Ro 285 Madison Av Madison, NJ 07940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.25	Nonpriority creditor's name and mailing address Council for Higher Ed Accredited P.O. BOX 37085 Baltimore, MD 21297 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$725.00
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Debtor	Stratford University, Inc. <small>Name</small>		Case number (if known)
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3.26	Nonpriority creditor's name and mailing address Cox Communications - NOVA DEPT. 781114 PO BOX 78000 Detroit, MI 48278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,520.15
3.27	Nonpriority creditor's name and mailing address CST Group, CPAs, PC 10740 Parkridge Blvd. 5th Floor Reston, VA 20191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,675.00
3.28	Nonpriority creditor's name and mailing address Cushman Wakefield/Scott Clark 64 New York Avenue, NE, Suite Lower Level Washington, DC 20002 Date(s) debt was incurred <u>9/1/22 - 12/1/22</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent - 2900 Eisenhower Ave</u> <u>Alexandria, VA</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$630,721.84
3.29	Nonpriority creditor's name and mailing address Dept. of Education School Part Div - Phil 100 Penn Sq. East Ste. 511 Philadelphia, PA 19107 Date(s) debt was incurred <u>9/26/2022</u> Last 4 digits of account number <u>9944</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,205,430.00
3.30	Nonpriority creditor's name and mailing address Dept. of Treasury/Dept. of Ed. P.O. Box 830794 Birmingham, AL 35283 Date(s) debt was incurred ____ Last 4 digits of account number <u>9162</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$621,788.00
3.31	Nonpriority creditor's name and mailing address Dominion VA Power 980 Warrenton Rd Fredericksburg, VA 22406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,987.56
3.32	Nonpriority creditor's name and mailing address Ebsco Subscription Service P.O. BOX 204661 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,518.52

Debtor	Stratford University, Inc. Name	Case number (if known) _____
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3.33	Nonpriority creditor's name and mailing address Emad E. Saadeh, P.E./Landlord SAADEH PARTNERS, LLC 14130 Noblewood Plaza, Suite 3 Woodbridge, VA 22193 Date(s) debt was incurred <u>8/1/22 - 12/1/22</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$464,218.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent - 14349 Gideon Dr. Woodbridge, VA 22192</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Embroidery By Marilyn 1172 Leeds Rd Elkton, MD 21921 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$104.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Equinix Inc. - #774252 4252 Solutions Center Chicago, IL 60677 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,757.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address F.A. Davis Company 1915 Arch Street Philadelphia, PA 19103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,667.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address FEG Central Apartments, LLC Shaffin Jetha/Focus Dev. 24 W. Franklin Street Baltimore, MD 21201 Date(s) debt was incurred <u>8/1/22 - 12/1/22</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$49,667.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Rent - 210 South Central Ave Baltimore, MD 21202</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address Fells Point Wholesale Meats 2730 Wilmarco Ave Baltimore, MD 21223 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,847.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.39	Nonpriority creditor's name and mailing address FPC Holdings Inc. 6630 Amberton Drive Elkridge, MD 21075 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,118.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Stratford University, Inc. <small>Name</small>		Case number (if known)
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3.40	Nonpriority creditor's name and mailing address Grainger 100 Grainger Parkway Lake Forest, IL 60045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,824.91
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3.41	Nonpriority creditor's name and mailing address Guardian Fire Protection Svcs. 7668 Standish Pl. Derwood, MD 20855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
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3.42	Nonpriority creditor's name and mailing address Guernsey Office Products P.O. BOX 10846 Chantilly, VA 20153 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,469.73
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3.43	Nonpriority creditor's name and mailing address Gurukul Overseas 726 Elmwood Ct. Rochester, MI 48307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.44	Nonpriority creditor's name and mailing address Hadpro Hood and Ducts Prof. 4723A Eisenhower Ave Alexandria, VA 22304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,850.00
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3.45	Nonpriority creditor's name and mailing address Harvard Business Publishing 20 Guest St. Suite 700 Brighton, MA 02135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.00
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3.46	Nonpriority creditor's name and mailing address Hurst 127 S. Railroad Ave. Brookhaven, MS 39601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,050.00
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Debtor	Stratford University, Inc. Name	Case number (if known) _____
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3.47	Nonpriority creditor's name and mailing address J.J. McDonnell & Co. Inc. 7010 Brookdale Dr Elkridge, MD 21075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,743.48
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3.48	Nonpriority creditor's name and mailing address Jackson Lewis LLP P.O. BOX 416019 Boston, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,334.93
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3.49	Nonpriority creditor's name and mailing address Jani King of Washington DC 11351 Random Hills Rd Ste 150 Fairfax, VA 22030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,028.28
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3.50	Nonpriority creditor's name and mailing address Jostens Inc. 21336 Network Pl. Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,165.64
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3.51	Nonpriority creditor's name and mailing address Keany Produce Company 3310 75th Avenue Hyattsville, MD 20785 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,738.11
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3.52	Nonpriority creditor's name and mailing address Leadsquared Inc. 555 US HIGHWAY ONE SOUTH SUITE 170 Iselin, NJ 08830 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,100.00
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3.53	Nonpriority creditor's name and mailing address Leaf Capital Funding, LLC 2005 Market St. 14th Floor Philadelphia, PA 19103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,682.73
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Debtor	Stratford University, Inc. Name	Case number (if known) _____
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3.54	Nonpriority creditor's name and mailing address Leonard Paper Co. 725 N Haven St Baltimore, MD 21205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$283.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address Level 3 Financing Inc. Level 3 Communications, LLC P.O. BOX 910182 Denver, CO 80291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$118.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Lexus Financial Svcs. PO Box 9490 Cedar Rapids, IA 52409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,749.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Library & Info Resources Netwo P.O. Box 4755 Clearwater, FL 33758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,492.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Life Insurance Co of North Am P.O. BOX 13701 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,136.73 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Loyal Termite and Pest Control 2610 E Parham Rd Henrico, VA 23228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$230.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address Magnolia Plumbing Inc. 600 Gallatin St., NE Washington, DC 20017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,275.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Stratford University, Inc. <small>Name</small>	Case number (if known)
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3.61	Nonpriority creditor's name and mailing address MAXKNOWLEDGE, INC. 3943 Irvine Blvd. # 262 Irvine, CA 92602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,000.00
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3.62	Nonpriority creditor's name and mailing address MBS Direct 2711 West Ash Street Columbia, MO 65203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,382.44
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3.63	Nonpriority creditor's name and mailing address Metroplitan Meat, Seafood 1920 Stanford Court Hyattsville, MD 20785 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$311.06
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3.64	Nonpriority creditor's name and mailing address Monoprice, Inc. P.O. BOX 740417 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.59
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3.65	Nonpriority creditor's name and mailing address Moodles US LLC 8101 College Blvd, Ste. 100 Overland Park, KS 66210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,820.00
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3.66	Nonpriority creditor's name and mailing address Morton G. Thalhimer, Inc. 11100 W Broad St Glen Allen, VA 23060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Terminated lease - Glen Allen - forgiven by landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$375,000.00
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3.67	Nonpriority creditor's name and mailing address Nagios Enterprises, LLC 1295 Bandana Blvd N, Suite 165 Saint Paul, MN 55108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,627.75
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Debtor	Stratford University, Inc. Name	Case number (if known) _____
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3.68	Nonpriority creditor's name and mailing address NASFAA 1801 Pennsylvania Avenue, NW Suite 850 Washington, DC 20006 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,120.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address New Directions Behavioral Hlth PO Box 6729 Leawood, KS 66206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,764.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address New York Life Group Ins. Co NY 51 Madison Avenue, 2nd Floor New York, NY 10010 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$183.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address Nexus Systems, Inc. 6400 Arlington Blvd #1000 Falls Church, VA 22042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,490.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address NORTHEASTKUTZ Lawn Svcs. LLC 3904 Glenmore Ave Baltimore, MD 21206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$880.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address NOVEC 10323 Lomond Dr Manassas, VA 20109 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,404.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address Offix 13525 Wellington Center Cir #1 Gainesville, VA 20155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,607.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Stratford University, Inc. <small>Name</small>	Case number (if known) _____
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3.75	Nonpriority creditor's name and mailing address Oxford University Press 198 Madison Avenue New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,607.59
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3.76	Nonpriority creditor's name and mailing address Paetec Communications, Inc. 4001 N Rodney Parham Road Little Rock, AR 72212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.84
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3.77	Nonpriority creditor's name and mailing address Paramount Mechanical Corp. 7053 Gateway Ct Manassas, VA 20109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,278.00
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3.78	Nonpriority creditor's name and mailing address Payne Publishers 8707 Quarry Rd. Manassas, VA 20110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.80
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3.79	Nonpriority creditor's name and mailing address Peroutka & Peroutka, P.A. 8028 Ritchie Hwy #300 Pasadena, MD 21122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,268.04
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3.80	Nonpriority creditor's name and mailing address Pitney Bowes Global Fin, Svcs. 27 Waterview Drive Shelton, CT 06484 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$589.23
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3.81	Nonpriority creditor's name and mailing address PMG Inc. T/A Plumbing Mechanic 8823 Telegraph Rd Lorton, VA 22079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.50
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Debtor Name	Case number (if known)
Stratford University, Inc.	
3.82 Nonpriority creditor's name and mailing address Pocket Nurse Enterprises, Inc. 610 Frankfort Rd Monaca, PA 15061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$7,294.05
3.83 Nonpriority creditor's name and mailing address Quench USA Inc. 630 Allendale Road, Suite 200 King of Prussia, PA 19406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$252.46
3.84 Nonpriority creditor's name and mailing address Redshelf, Inc. DBA Virdocs 500 North Dearborn Street Suite 1200 Chicago, IL 60654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$131,075.58
3.85 Nonpriority creditor's name and mailing address Richard & Mary Ann Shurtz 3319 Cranbrook Court Oakton, VA 22124 Date(s) debt was incurred <u>1-19-22,</u> <u>2-15-22,4-12-22, 5-2-22, 7-1-22, 7-12-22,</u> <u>7-20-22, 8-25-22</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 8 Promissory Notes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,555,000.00
3.86 Nonpriority creditor's name and mailing address Riverstone Infotech, LLC 5890 Stoneridge Drive Suite 209 Pleasanton, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$50,750.00
3.87 Nonpriority creditor's name and mailing address Robert's Key Service Inc. 217 W Read St Baltimore, MD 21201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$12.50
3.88 Nonpriority creditor's name and mailing address Saval Food Service 6740 Dorsey Rd Elkridge, MD 21075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,219.48

Debtor	Stratford University, Inc. Name	Case number (if known) _____
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3.89	Nonpriority creditor's name and mailing address Security Services, LLC Neustar 45980 Center Oak Plaza Sterling, VA 20166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,838.94
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3.90	Nonpriority creditor's name and mailing address Sesay, Salamatu B. 9777 Good Luck Rd #10 Lanham, MD 20706 Date(s) debt was incurred ____ Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.91	Nonpriority creditor's name and mailing address Shred-It USA 11311 Cornell Park Drive Suite 125 Cincinnati, OH 45242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$730.99
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3.92	Nonpriority creditor's name and mailing address Simple Systems Group, LLC 12157 West Linebaugh Ave Suite 275 Tampa, FL 33626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,054.00
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3.93	Nonpriority creditor's name and mailing address Sky Insurance Technologies 18 Interchange Blvd Ste A Greenville, SC 29607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
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3.94	Nonpriority creditor's name and mailing address Skytap Inc. 710 2nd Ave Ste 1130 Seattle, WA 98104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,175.00
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3.95	Nonpriority creditor's name and mailing address St. Moritz Security Svcs. Inc. 7777 Leesburg Pike Suite 404, N Falls Church, VA 22043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,474.86
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Debtor	Stratford University, Inc. <small>Name</small>	Case number (if known) _____
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3.96	Nonpriority creditor's name and mailing address St. Moritz Security Svcs. Inc. 4600 Clariton Blvd. Pittsburgh, PA 15236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,294.39
3.97	Nonpriority creditor's name and mailing address Stamper Electric Inc. 1379 Jarrettsville Rd Forest Hill, MD 21050 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$883.59
3.98	Nonpriority creditor's name and mailing address Stanley Convergent Sec Sol Inc 8211 Terminal Rd Suite 1300 Lorton, VA 22079 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,661.88
3.99	Nonpriority creditor's name and mailing address Statwax, LLC 11313 USA Pkwy Fishers, IN 46037 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.00
3.100	Nonpriority creditor's name and mailing address Stericycle Inc. 2355 Waukegan Road Deerfield, IL 60015 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,638.48
3.101	Nonpriority creditor's name and mailing address Stratford University Foundation, Inc. 2900 Eisenhower Avenue, FI 2 Alexandria, VA 22314 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan for scholarships</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240,000.00
3.102	Nonpriority creditor's name and mailing address The College Board-NPC P.O. BOX 30171 New York, NY 10087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,896.00

Debtor	Stratford University, Inc. <small>Name</small>	Case number (if known) _____
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3.103	Nonpriority creditor's name and mailing address The Compost Crew, LLC 119 5TH STREET SE Silver Spring, MD 20901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$90.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address The Image Factory 411 Taunton Dr Santa Maria, CA 93455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address Thyssenkrupp Elevator DBA TK Elevator 788 Circle 75 Pkwy SE, Ste 500 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,080.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address TransUnion P.O. Box 2000 Chester, PA 19016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,710.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address Triad Mechanical Svcs. Inc. 12232 Long Green Pike Glen Arm, MD 21057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,432.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address Tutor.Com, Inc 555 WEST 18TH ST New York, NY 10011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address Ulda Bellamour 10227 Wincopin Circle Apt.1578 Columbia, MD 21044 Date(s) debt was incurred ____ Last 4 digits of account number <u>3408</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Arbitration</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Stratford University, Inc. <small>Name</small>		Case number (if known)
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3.110	Nonpriority creditor's name and mailing address United States Treasury 1500 Pennsylvania Avenue, NW, Washington, DC 20220 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.77
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3.111	Nonpriority creditor's name and mailing address VAR Technology Finance 2330 I-30 Mesquite, TX 75150 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$866.04
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3.112	Nonpriority creditor's name and mailing address Verizon PO BOX 660720 DALLAS, TX 75266 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,230.84
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3.113	Nonpriority creditor's name and mailing address Vilis Systems 8423 Morgan Ln Eden Prairie, MN 55347 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
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3.114	Nonpriority creditor's name and mailing address Virginia American Water 2223 Duke St Alexandria, VA 22314 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$866.04
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3.115	Nonpriority creditor's name and mailing address Virginia Board of Nursing 9960 Mayland Dr #300 Richmond, VA 23222 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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3.116	Nonpriority creditor's name and mailing address Washington Gas 6801 Industrial Road Springfield, VA 22151 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,360.95
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Debtor	Stratford University, Inc. <small>Name</small>	Case number (if known) _____
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3.117	Nonpriority creditor's name and mailing address Waste Management of Virginia 800 Capitol Street, Suite 3000 Houston, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,312.86
3.118	Nonpriority creditor's name and mailing address Watermark Insights, LLC Taskstream Holdings, LLC 71 W 23rd St f15 New York, NY 10010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,022.24
3.119	Nonpriority creditor's name and mailing address Wells Fargo Vendor Fin Svc LLC POB 35701 Billings, MT 59107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,551.11
3.120	Nonpriority creditor's name and mailing address Wolters Kluwer Health 250 W Pratt St Baltimore, MD 21201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,740.04

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Abramoff Neuberger LLP Attn: Nancy Haas, Esq. 2850 Quarry Lake Dr. Suite 300 Baltimore, MD 21209	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	Brian M. Fleisher, Esq. 4 Greentree Centre 601 Route 73 N. Suite 305 Marlton, NJ 08053	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	Circuit Court For Allegany 30 Washington Street Cumberland, MD 21502	Line <u>3.96</u> <input type="checkbox"/> Not listed. Explain ____	<u>0587</u>
4.4	Cooley LLP John G. Lavoie, Esq. 11951 Freedom Dr., Ste. 1500 Reston, VA 20190	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	Stratford University, Inc.	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.5	Court of Common Pleas 1400 John F Kennedy Blvd Philadelphia, PA 19107	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain _____	<u>2638</u>
4.6	Holland & Knight Louis J. Roleau 800 17th St. N.W. Suite 1100 Washington, DC 20006	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Land Services USA, Inc. Shawn A. Goldfaden, Esq. 215 Washington Ave Suite 707 Towson, MD 21204	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Mark H. Slusher/Campus Realty c/o Thalheimer Realty Partners 11100 West Broad Street Glen Allen, VA 23060	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	NQGRG, P.C. Steven J. Willner One South Street 27th Fl. Baltimore, MD 21202	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Shannon Conway, Esq. 831 Fourth Ave., Ste. 201 Dallas, TX 75201	Line <u>3.109</u> <input type="checkbox"/> Not listed. Explain _____	<u>3408</u>
4.11	Talcott J. Franklin TFPC, a Maine Prof Corp 181 Western Promenade Portland, ME 04102	Line <u>3.109</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Thornton & Associates PLC James D. Thornton, Esq. 4449 Cox Rd. Glen Allen, VA 23060	Line <u>3.37</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	U.S. District Court Alexandria Division 401 Courthouse Square Alexandria, VA 22314	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____	<u>1048</u>
4.14	U.S. REIF (Landlord) 600 Washington Ave, Suite 1100 Saint Louis, MO 63101	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	Walsh Colucci, PC 4310 Prince William Pkwy Woodbridge, VA 22192	Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	\$ <u>0.00</u>
5b. Total claims from Part 2	\$ <u>8,410,677.57</u>

Debtor **Stratford University, Inc.**
Name

Case number (if known)

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c.

\$ 8,410,677.57

Fill in this information to identify the case:

Debtor name **Stratford University, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Copier Leases**

State the term remaining **1/25/2023**

List the contract number of any government contract _____

**Canon Copier
One Canon Park
Melville, NY 11747**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease - 14349
Gideon Dr.
Woodbridge, VA 22192**

State the term remaining **10/31/2029**

List the contract number of any government contract _____

**Emad E. Saadeh, P.E./Landlord
14130 Noblewood Plaza
Suite 307
Woodbridge, VA 22193**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease - 210
South Central Ave
Baltimore, MD 21202**

State the term remaining **11/30/2024**

List the contract number of any government contract _____

**FEG Central Apartments, LLC
c/o Shaffin Jatha
24 W. Franklin St.
Baltimore, MD 21201**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Postage Machine Lease**

State the term remaining **1/2/2023**

List the contract number of any government contract _____

**Pitney Bowes Global Fin, Svcs.
27 Waterview Drive
Shelton, CT 06484**

Debtor 1 **Stratford University, Inc.**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease - 2900 Eisenhower Ave Alexandria**

State the term remaining **9/1/2027**

List the contract number of any government contract

**Scott Clark/Property Mgr.
64 New York Avenue, NE,
Suite Lower Level
Washington, DC 20002**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease - 2900 Eisenhower Ave. Alexandria, VA 22314**

State the term remaining

List the contract number of any government contract

**U.S. REIF (Landlord)
600 Washington Ave, Suite 1100
Saint Louis, MO 63101**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Rental Lease**

State the term remaining

List the contract number of any government contract

**Walsh Colucci, PC
4310 Prince William Pkwy
Woodbridge, VA 22192**

Fill in this information to identify the case:

Debtor name **Stratford University, Inc.**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Stratford University, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

For prior year:
From **1/01/2022** to **12/31/2022**

Sources of revenue
Check all that apply

☒ Operating a business

☐ Other _____

Gross revenue
(before deductions and exclusions)

\$12,573,787.00

For year before that:
From **1/01/2021** to **12/31/2021**

☒ Operating a business

☐ Other _____

\$20,272,047.00

For the fiscal year:
From **1/01/2020** to **12/31/2020**

☒ Operating a business

☐ Other _____

\$33,698,544.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Stratford University, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Exhibit B		Unknown	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Exhibit C		Unknown	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Leaf Capital Funding, LLC v. Stratford, Inc. 220702638	Certification of Notice of Praecepto to Enter Default Judgment	Court of Common Pleas 1400 John F Kennedy Blvd Philadelphia, PA 19107	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Debtor **Stratford University, Inc.**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	FEG Central Apartments, LLC v. Stratford University Inc. 2022014400415150	Failure To Pay Rent - Landlord's Complaint for Repossession of Rented Property (Real Property §8-401)	District Court of Maryland 501 E. Fayette St. Baltimore, MD 21202	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	St. Moritz Security Services, Inc., a Pennsylvania corporation, v. Stratford University, Inc., a Virginia corporation, AR-22-002471	Notice of Judgment	Court of Common Pleas Allegheny County 414 Grant St Pittsburgh, PA 15219	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4.	Advantix v. Stratford University 2021-17280	Breach of Contract	Fairfax County Circuit Court 4110 Chain Bridge Rd Fairfax, VA 22030	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Ana Rodriguez, & All Others Similarly Situated v. Stratford University 1:22-cv-01048-MSN-WEF	Class Action	U.S. District Court Alexandria Division 401 Courthouse Square Alexandria, VA 22314	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	International Academic City Saqi Barzani et al v Stratford University, Inc., et al 1:20-cv-00193-LO-JFA	370 Other Fraud Diversity-Fraud	Eastern District of Virginia 401 Courthouse Square Alexandria, VA 22314	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	ULDA BELLAMOUR v. STRATFORD UNIVERSITY, INC., d/b/a STRATFORD UNIVERSITY, STRATFORD UNIVERSITY LANGUAGE INSTITUTE LLC, STRATFORD UNIVERSITY FOUNDATION, INC., RICHARD R. SHURTZ, II, MARY A. SHURTZ, TARIQ KHAN, RICHARD ANDERSON, MARION E. BROOKS, RODERICK FRENCH, GERALD GORDON, ANGELA MCCONNELL, JOSEPH TERRY, and DANIEL WOODLEY, Case# 012200053408	IN ARBITRATION BEFORE AMERICAN ARBITRATION ASSOCIATION	The Bender Building 1120 Connecticut Ave. N.W. Washington, DC 20036	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Stratford University, Inc.**

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Cybersecurity Breach		4/2022	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Odin, Feldman & Pittleman, PC 1775 Wiehle Ave Reston, VA 20190		10/05/2022 - 1/26/2023	\$22,662.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Debtor **Stratford University, Inc.**

Case number (if known) _____

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 7777 Leesburg Pike Falls Church, VA 22043	7/1/06 - 9/30/21
14.2. 3201 Jermantown Road Suite 500 Fairfax, VA 22030	1/1/13 - 2/28/20

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	---	---

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

Student files, financial and administrative records

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☒ No Go to Part 10. (Trans America)

Debtor **Stratford University, Inc.**

Case number (if known) _____

☐ Yes. Fill in below:**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	EagleBank 6010 Executive Blvd. Rockville, MD 20852	XXXX-2004	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>Loan</u>	9/8/2022	\$804,858.00
18.2.	EagleBank 6010 Executive Blvd. Rockville, MD 20852	XXXX-4941	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other ____	10/7/2022	\$529,000.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Access Storage 9101 Owens Drive Manassas, VA 20111	Richard Shurtz, II	Student files, financial and administrative records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Access Storage 13441 Liberty Lane Gordonsville, VA 22942	Richard Shurtz, II	Student files, financial and administrative records	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **Stratford University, Inc.**

Case number (if known) _____

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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25.1. **Stratford Univ. Language
Inst., LLC
2900 Eisenhower Ave Fl. 2
Alexandria, VA 22314**

Vocational School

EIN: 54-1038413

From-To 6/22/1976 - present

Debtor **Stratford University, Inc.**

Case number (if known)

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. Stratford University 2900 Eisenhower Ave. Fl. 2 Alexandria, VA 22314	Vocational School	Dates business existed EIN: 54-1038413 From-To 6/22/1976 - present
25.3. Stratford Univ. Foundation Inc. 2900 Eisenhower Ave. Fl. 2 Alexandria, VA 22314	Foundation	EIN: 54-1038413 From-To 6/22/1976 - present

26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. Joseph J. Romagnoli CST Group, CPAS, PC 10740 Parkridge Blvd. 5th Fl. Reston, VA 20190	2017 - present
26a.2. John Rumford 608 Pebble Beach Drive Silver Spring, MD 20904	2/2020 - present
26a.3. Nicholas Coelho 8651 Acacia Leaf Drive #304 Manassas, VA 20109	2017 - present
26a.4. Hemin Kochany 5704 Osprey Court Clifton, VA 20124	2017 - 5/2022

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26b.1. CST GROUP, CPAs, PC 10740 Parkridge Blvd 5th Floor Reston, VA 20191	9/2013 - present
26b.2. SST Accountants 12720 Hillcrest Road Ste. 500 Dallas, TX 75230	6/2013 - 12/2021
26b.3. Andrew Pieri, CPA 86-119 Marengo Street Hollis, NY 11423	5/2022 - present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **Stratford University, Inc.**

Case number (if known) _____

☒ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. **Dept of Education**
400 Maryland Ave, SW
Washington, DC 20202

26d.2. **Accrediting Council of Independent Colleges & Schools**
750 First St, NE Ste. 980
Washington, DC 20002

26d.3. **Maryland Higher Ed. Commission**
6 N. Liberty Street
Baltimore, MD 21201

26d.4. **EagleBank**
6010 Executive Blvd.
Rockville, MD 20852

26d.5. **Cushman Wakefield**
64 New York Avenue, NE,
Suite Lower Level
Washington, DC 20002

26d.6. **FEG Central Apartments, LLC**
24 W. Franklin St.
Baltimore, MD 21201

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Richard Shurtz, II	3319 Cranbrook Ct. Oakton, VA 22124	President and Board Member	52.5%
Name	Address	Position and nature of any interest	% of interest, if any
Mary Ann Shurtz	3319 Cranbrook Ct. Oakton, VA 22124	Owner/EVP and Board Member	37.5%
Name	Address	Position and nature of any interest	% of interest, if any
Legacy Trust	3319 Cranbrook Court Oakton, VA 22124	Non voting shareholder	10%

Debtor **Stratford University, Inc.** Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
John Rumford	608 Pebble Beach Drive Silver Spring, MD 20904	Controller	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Salary & Car lease - See Exhibit C			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Debtor **Stratford University, Inc.**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **January 27, 2023**

/s/ Richard Shurtz, II

Signature of individual signing on behalf of the debtor

Richard Shurtz, II

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

United States Bankruptcy Court
Eastern District of Virginia

In re **Stratford University, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>27,000.00</u>
Prior to the filing of this statement I have received	\$	<u>27,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (*specify*)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (*specify*)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Other provisions as needed:

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.
2004 Examinations

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 27, 2023

Date

/s/ Bradley D. Jones

Bradley D. Jones

Signature of Attorney

Odin, Feldman & Pittleman, P.C.

Name of Law Firm

1775 Wiehle Avenue

Reston, VA 20190

(703) 218-2100

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,488

(For all Cases Filed on or after 01/01/2021)

**NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE
PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND
CLERK'S CM/ECF POLICY 9**

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

Date

Signature of Attorney

1500AM Federal News Radio
3400 Idaho Ave NW
Washington, DC 20016

Abramoff Neuberger LLP
Attn: Nancy Haas, Esq.
2850 Quarry Lake Dr. Suite 300
Baltimore, MD 21209

Access Info Holdings, LLC
6818 Patterson Pass Road
Suite A
Livermore, CA 94550

Advanced Elevator Inspections
5101 Branchville Rd
College Park, MD 20740

Advantix
9355 John W. Elliott Dr., #25
Frisco, TX 75033

Albert Uster Co
9211 Gaither Rd
Gaithersburg, MD 20877

Alexandria Chamber of Commerce
2834 Duke Street
Alexandria, VA 22314

American Library Assoc.
P.O. BOX 77-6499
Chicago, IL 60678

Ana Rodriguez & All Others Sit
c/o Nicholas A. Migliaccio Esq
412 H Street N.E., Suite 302
Washington, DC 20002

Assessment Technologies Inst.
62277 Collections Center Dr.
Leawood, KS 66211

Avanced Elevator Inspections
P.O. BOX 86
Upper Falls, MD 21156

Baltimore Gas & Electric
P.O. Box 1475
Baltimore, MD 21203

Berk's Pest Control
1851 Cape May Rd
Essex, MD 21221

BFPE International Inc.
P.O. BOX 791045
Baltimore, MD 21279

Brian M. Fleisher, Esq.
4 Greentree Centre
601 Route 73 N. Suite 305
Marlton, NJ 08053

Buckhead Meat & Seafood Mid-At
1920 Stanford Court
Hyattsville, MD 20785

Canon Copier
One Canon Park
Melville, NY 11747

Cigna
900 Cottage Grove Road
Bloomfield, CT 06002

Cintas Corp.
P.O. BOX 631025
Cincinnati, OH 45263

Cintas First Aid & Safety
P.O. BOX 631025
Cincinnati, OH 45263

Circuit Court For Allegany
30 Washington Street
Cumberland, MD 21502

City of Alexandria/Fin. Dept.
301 King Street
Alexandria, VA 22314

City of Baltimore
P.O. BOX 17119
Baltimore, MD 21297

Clarke & Sampson Insurance
5101 Branchville Rd
Suite200
Alexandria, VA 22314

Coastal Sunbelt Produce
9001 Whiskey Bottom Rd
Laurel, MD 20723

Comm. on English Prog. Accred.
1001 N. Fairfax Street
Suite 630
Alexandria, VA 22314

Confre'Rie De La Chaine Des Ro
285 Madison Av
Madison, NJ 07940

Cooley LLP
John G. Lavoie, Esq.
11951 Freedom Dr., Ste. 1500
Reston, VA 20190

Council for Higher Ed Accreditation
P.O. BOX 37085
Baltimore, MD 21297

Court of Common Pleas
1400 John F Kennedy Blvd
Philadelphia, PA 19107

Cox Communications - NOVA
DEPT. 781114
PO BOX 78000
Detroit, MI 48278

CST Group, CPAs, PC
10740 Parkridge Blvd.
5th Floor
Reston, VA 20191

Cushman Wakefield/Scott Clark
64 New York Avenue, NE,
Suite Lower Level
Washington, DC 20002

Dept. of Education
School Part Div - Phil
100 Penn Sq. East Ste. 511
Philadelphia, PA 19107

Dept. of Treasury/Dept. of Ed.
P.O. Box 830794
Birmingham, AL 35283

Dominion VA Power
980 Warrenton Rd
Fredericksburg, VA 22406

Ebsco Subscription Service
P.O. BOX 204661
Dallas, TX 75320

Emad E. Saadeh, P.E./Landlord
SAADEH PARTNERS, LLC
14130 Noblewood Plaza, Suite 3
Woodbridge, VA 22193

Emad E. Saadeh, P.E./Landlord
14130 Noblewood Plaza
Suite 307
Woodbridge, VA 22193

Embroidery By Marilyn
1172 Leeds Rd
Elkton, MD 21921

Equinix Inc. - #774252
4252 Solutions Center
Chicago, IL 60677

F.A. Davis Company
1915 Arch Street
Philadelphia, PA 19103

FEG Central Apartments, LLC
Shaffin Jetha/Focus Dev.
24 W. Franklin Street
Baltimore, MD 21201

FEG Central Apartments, LLC
c/o Shaffin Jatha
24 W. Franklin St.
Baltimore, MD 21201

Fells Point Wholesale Meats
2730 Wilmarco Ave
Baltimore, MD 21223

FPC Holdings Inc.
6630 Amberton Drive
Elkridge, MD 21075

Grainger
100 Grainger Parkway
Lake Forest, IL 60045

Guardian Fire Protection Svcs.
7668 Standish Pl.
Derwood, MD 20855

Guernsey Office Products
P.O. BOX 10846
Chantilly, VA 20153

Gurukul Overseas
726 Elmwood Ct.
Rochester, MI 48307

Hadpro Hood and Ducts Prof.
4723A Eisenhower Ave
Alexandria, VA 22304

Harvard Business Publishing
20 Guest St. Suite 700
Brighton, MA 02135

Holland & Knight
Louis J. Roleau
800 17th St. N.W. Suite 1100
Washington, DC 20006

Hurst
127 S. Railroad Ave.
Brookhaven, MS 39601

J.J. McDonnell & Co. Inc.
7010 Brookdale Dr
Elkridge, MD 21075

Jackson Lewis LLP
P.O. BOX 416019
Boston, MA 02241

Jani King of Washington DC
11351 Random Hills Rd Ste 150
Fairfax, VA 22030

Jostens Inc.
21336 Network Pl.
Chicago, IL 60673

Keany Produce Company
3310 75th Avenue
Hyattsville, MD 20785

Land Services USA, Inc.
Shawn A. Goldfaden, Esq.
215 Washington Ave Suite 707
Towson, MD 21204

Leadsquared Inc.
555 US HIGHWAY ONE SOUTH
SUITE 170
Iselin, NJ 08830

Leaf Capital Funding, LLC
2005 Market St. 14th Floor
Philadelphia, PA 19103

Leonard Paper Co.
725 N Haven St
Baltimore, MD 21205

Level 3 Financing Inc.
Level 3 Communications, LLC
P.O. BOX 910182
Denver, CO 80291

Lexus Financial Svcs.
PO Box 9490
Cedar Rapids, IA 52409

Library & Info Resources Netwo
P.O. Box 4755
Clearwater, FL 33758

Life Insurance Co of North Am
P.O. BOX 13701
Philadelphia, PA 19101

Loyal Termite and Pest Control
2610 E Parham Rd
Henrico, VA 23228

Magnolia Plumbing Inc.
600 Gallatin St., NE
Washington, DC 20017

Mark H. Slusher/Campus Realty
c/o Thalhimer Realty Partners
11100 West Broad Street
Glen Allen, VA 23060

MAXKNOWLEDGE, INC.
3943 Irvine Blvd. # 262
Irvine, CA 92602

MBS Direct
2711 West Ash Street
Columbia, MO 65203

Metroplitan Meat, Seafood
1920 Stanford Court
Hyattsville, MD 20785

Monoprice, Inc.
P.O. BOX 740417
Los Angeles, CA 90074

Moodles US LLC
8101 College Blvd, Ste. 100
Overland Park, KS 66210

Morton G. Thalhimer, Inc.
11100 W Broad St
Glen Allen, VA 23060

Nagios Enterprises, LLC
1295 Bandana Blvd N, Suite 165
Saint Paul, MN 55108

NASFAA
1801 Pennsylvania Avenue, NW
Suite 850
Washington, DC 20006

New Directions Behavioral Hlth
PO Box 6729
Leawood, KS 66206

New York Life Group Ins. Co NY
51 Madison Avenue, 2nd Floor
New York, NY 10010

Nexus Systems, Inc.
6400 Arlington Blvd #1000
Falls Church, VA 22042

NORTHEASTKUTZ Lawn Svcs. LLC
3904 Glenmore Ave
Baltimore, MD 21206

NOVEC
10323 Lomond Dr
Manassas, VA 20109

NQGRG, P.C.
Steven J. Willner
One South Street 27th Fl.
Baltimore, MD 21202

Offix
13525 Wellington Center Cir #1
Gainesville, VA 20155

Oxford University Press
198 Madison Avenue
New York, NY 10016

Paetec Communications, Inc.
4001 N Rodney Parham Road
Little Rock, AR 72212

Paramount Mechanical Corp.
7053 Gateway Ct
Manassas, VA 20109

Payne Publishers
8707 Quarry Rd.
Manassas, VA 20110

Peroutka & Peroutka, P.A.
8028 Ritchie Hwy #300
Pasadena, MD 21122

Pitney Bowes Global Fin, Svcs.
27 Waterview Drive
Shelton, CT 06484

PMG Inc. T/A Plumbing Mechanic
8823 Telegraph Rd
Lorton, VA 22079

Pocket Nurse Enterprises, Inc.
610 Frankfort Rd
Monaca, PA 15061

Quench USA Inc.
630 Allendale Road, Suite 200
King of Prussia, PA 19406

Redshelf, Inc. DBA Virdocs
500 North Dearborn Street
Suite 1200
Chicago, IL 60654

Richard & Mary Ann Shurtz
3319 Cranbrook Court
Oakton, VA 22124

Riverstone Infotech, LLC
5890 Stoneridge Drive
Suite 209
Pleasanton, CA 94588

Robert's Key Service Inc.
217 W Read St
Baltimore, MD 21201

Saval Food Service
6740 Dorsey Rd
Elkridge, MD 21075

Scott Clark/Property Mgr.
64 New York Avenue, NE,
Suite Lower Level
Washington, DC 20002

Security Services, LLC Neustar
45980 Center Oak Plaza
Sterling, VA 20166

Sesay, Salamatu B.
9777 Good Luck Rd #10
Lanham, MD 20706

Shannon Conway, Esq.
831 Fourth Ave., Ste. 201
Dallas, TX 75201

Shred-It USA
11311 Cornell Park Drive
Suite 125
Cincinnati, OH 45242

Simple Systems Group, LLC
12157 West Linebaugh Ave
Suite 275
Tampa, FL 33626

Sky Insurance Technologies
18 Interchange Blvd Ste A
Greenville, SC 29607

Skytap Inc.
710 2nd Ave Ste 1130
Seattle, WA 98104

Small Business Administration
2 North 20th St. Suite 320
Birmingham, AL 35203

St. Moritz Security Svcs. Inc.
7777 Leesburg Pike
Suite 404, N
Falls Church, VA 22043

St. Moritz Security Svcs. Inc.
4600 Clariton Blvd.
Pittsburgh, PA 15236

Stamper Electric Inc.
1379 Jarrettsville Rd
Forest Hill, MD 21050

Stanley Convergent Sec Sol Inc
8211 Terminal Rd Suite 1300
Lorton, VA 22079

Statwax, LLC
11313 USA Pkwy
Fishers, IN 46037

Stericycle Inc.
2355 Waukegan Road
Deerfield, IL 60015

Stratford University Foundation, Inc.
2900 Eisenhower Avenue, Fl 2
Alexandria, VA 22314

Talcott J. Franklin
TFPC, a Maine Prof Corp
181 Western Promenade
Portland, ME 04102

The College Board-NPC
P.O. BOX 30171
New York, NY 10087

The Compost Crew, LLC
119 5TH STREET SE
Silver Spring, MD 20901

The Image Factory
411 Taunton Dr
Santa Maria, CA 93455

Thornton & Associates PLC
James D. Thornton, Esq.
4449 Cox Rd.
Glen Allen, VA 23060

Thyssenkrupp Elevator
DBA TK Elevator
788 Circle 75 Pkwy SE, Ste 500
Atlanta, GA 30339

TransUnion
P.O. Box 2000
Chester, PA 19016

Triad Mechanical Svcs. Inc.
12232 Long Green Pike
Glen Arm, MD 21057

Tutor.Com, Inc
555 WEST 18TH ST
New York, NY 10011

U.S. District Court
Alexandria Division
401 Courthouse Square
Alexandria, VA 22314

U.S. REIF (Landlord)
600 Washington Ave, Suite 1100
Saint Louis, MO 63101

Ulda Bellamour
10227 Wincopin Circle
Apt.1578
Columbia, MD 21044

United States Treasury
1500 Pennsylvania Avenue, NW,
Washington, DC 20220

VAR Technology Finance
2330 I-30
Mesquite, TX 75150

Verizon
PO BOX 660720
DALLAS, TX 75266

Vilis Systems
8423 Morgan Ln
Eden Prairie, MN 55347

Virginia American Water
2223 Duke St
Alexandria, VA 22314

Virginia Board of Nursing
9960 Mayland Dr #300
Richmond, VA 23222

Walsh Colucci, PC
4310 Prince William Pkwy
Woodbridge, VA 22192

Washington Gas
6801 Industrial Road
Springfield, VA 22151

Waste Management of Virginia
800 Capitol Street, Suite 3000
Houston, TX 77002

Watermark Insights, LLC
Taskstream Holdings, LLC
71 W 23rd St f15
New York, NY 10010

Wells Fargo Vendor Fin Svc LLC
POB 35701
Billings, MT 59107

Wolters Kluwer Health
250 W Pratt St
Baltimore, MD 21201

**United States Bankruptcy Court
Eastern District of Virginia**

In re **Stratford University, Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Stratford University, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

January 27, 2023

Date

/s/ Bradley D. Jones

Bradley D. Jones

Signature of Attorney or Litigant

Counsel for **Stratford University, Inc.**

Odin, Feldman & Pittleman, P.C.

1775 Wiehle Avenue

Reston, VA 20190

(703) 218-2100